



## 2024 EXAMINATION APPLICATION

Tour Number:	(Head Office)
Examination Dates:	

### QUALIFYING – LICENTIATE

CANDIDATE DETAILS	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	

PREREQUISITES
<ol style="list-style-type: none"> <li>1. Completion of CC Advanced 2 examination</li> <li>2. Associate Diploma qualification</li> <li>3. Completion of 5 years teaching the Cecchetti method with experience teaching at an Advanced 1 level</li> <li>4. Results of a minimum of 12 hours of examinations entered after achieving Associate Diploma qualification</li> </ol>
Have you taken a Licentiate examination before? If so, please provide the date and the name of your Examiners at that time:

EXAMINATION DETAILS
Examination studio:
City, Province:
Date of your scheduled examination:

MENTOR INFORMATION	
(Teacher who has been coaching you within the last 6 months)	
Teacher name:	
Teacher mailing address:	
City, Province:	Postal code:
Phone:	Email:

## 2024 EXAMINATION APPLICATION

### QUALIFYING – LICENTIATE

TEACHING EXPERIENCE (Cecchetti Method, minimum five years)				
Name of Studio	No. of years Teaching	Teaching Full Time / Part Time	Dates of Examinations	Examiners

**Procedures for submitting your Licentiate examination application:**

A non-refundable deposit of \$150 for this examination along with application is required in order to reserve your examination.

**Deposits:**

For examinations in:	Deadline for deposits and form A010:
Spring/Summer (March – June)	<b>October 1</b>
Fall/Winter (November – February)	<b>May 1</b>
Summer School (end of July – August)	<b>January 1</b>

**Steps for submitting final Qualifying Exam Package:**

The following items must be received by Cecchetti Canada Head Office 6 weeks prior to start of exam tour, or if a Provincial Exam Coordinator is involved must be received by coordinator 8 weeks prior to start of tour.

Candidates for Licentiate must submit the following items with their application package:

1. Photocopies of three timetables with results for at least three previous examination sessions.
2. This application form (A010)
3. Balance of examination fees

Please mail the above items to:

**Susan Sheffield, Operations Manager/Examination Administrator**  
**525 Lorne Street, Gravenhurst, ON P1P 1N1**

Please continue on next page

## 2024 EXAMINATION APPLICATION

### QUALIFYING – LICENTIATE

If a Qualifying or Enrico Cecchetti Diploma examination cancellation is accompanied by a medical certificate, a credit of 50% of the examination fee shall be carried forward for a maximum of two years before forfeiture. Deposits are non-refundable. A credit will only be granted to those cancellations accompanied by a medical certificate which has been approved by Cecchetti Canada.

No correspondence concerning the result of the examination may be entered into. The decision made by the Examiners is final.

---

#### **Agreement:**

I the undersigned agree that I will loyally adhere to the rules of Cecchetti Canada, advance its purposes, and attend its meetings as often as possible. Upon removal of my name from the Register of Members, through any cause whatsoever, I will pay all arrears that are due, and surrender the Certificate of Membership and any other property of Cecchetti Canada.

I certify that the particulars on this application form are correct, and that I will observe the conditions and requirements published in the syllabus of this examination. Furthermore, I have read and accept the enclosed Code of Professional Conduct and Standards of Good Practice.

**A CC member may be entered by a teacher or by yourself. If you enter yourself please sign on both lines.**

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Print Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_